



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

AMENDED

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 137402		3. This Statement covers From: 01/01/09 to 04/19/09																					
2. Committee Name Committee to elect Henry Chiodini		4. Candidate Last Name Chiodini First Name Henry M.I. 4a. Office Sought Including District # or Community Served (If applicable) School Board Chippewa Valley 4b. County of Residence Macomb																					
5. Committee's Mailing Address 46891 Edgewater Macomb Mi. 48044 Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Henry Chiodini 46891 Edgewater Macomb Mi. 48044 Area Code & Phone (586) 286-8808																					
7. Treasurer's Business Address 46891 Edgewater Macomb Mi. 48044 Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____																					
9. TYPE OF STATEMENT <table border="0"><tr><td>9a. <input checked="" type="checkbox"/> Pre-Election</td><td>OR</td><td>9b. <input type="checkbox"/> Post-Election</td><td>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</td></tr><tr><td colspan="3">Pre-Election or Post-Election Statement relates to:</td><td>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</td></tr><tr><td><input type="checkbox"/> Primary</td><td></td><td><input type="checkbox"/> General</td><td>9e. <input type="checkbox"/> Dissolution of Candidate Committee</td></tr><tr><td><input type="checkbox"/> Convention</td><td></td><td><input checked="" type="checkbox"/> School</td><td>Effective Date of Dissolution _____</td></tr><tr><td><input type="checkbox"/> Special</td><td></td><td><input type="checkbox"/> Caucus</td><td></td></tr></table> <p>Date of Election, Convention or Caucus 05/05/09</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>				9a. <input checked="" type="checkbox"/> Pre-Election	OR	9b. <input type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	Pre-Election or Post-Election Statement relates to:			9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	<input type="checkbox"/> Primary		<input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee	<input type="checkbox"/> Convention		<input checked="" type="checkbox"/> School	Effective Date of Dissolution _____	<input type="checkbox"/> Special		<input type="checkbox"/> Caucus	
9a. <input checked="" type="checkbox"/> Pre-Election	OR	9b. <input type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)																				
Pre-Election or Post-Election Statement relates to:			9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)																				
<input type="checkbox"/> Primary		<input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee																				
<input type="checkbox"/> Convention		<input checked="" type="checkbox"/> School	Effective Date of Dissolution _____																				
<input type="checkbox"/> Special		<input type="checkbox"/> Caucus																					
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>																							
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.																							
Current Treasurer or Designated Record keeper Henry Chiodini Type or Print Name		Signature _____ Date 5-7-09																					
Candidate Henry Chiodini Type or Print Name		Signature _____ Date 5-7-09																					



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137402

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Henry Chiodini

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,850.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$2,850.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,579.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,579.53</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2850.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,850.00</u>	
	(15.) = \$	<u>\$2,850.00</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>\$2,579.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>\$270.47</u>	*
17. ENDING BALANCE (Subtract line 16 from line 15)			



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137402
2. Committee Name COMMITTEE TO ELECT HENRY CHIODINI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/01/09</u> Name & Address: HENRY CHIODINI 46891 EDGEWATER MACOMB MI 48044		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>46891 EDGEWATER MACOMB MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/14/09</u> Name & Address: HENRY CHIODINI 46891 EDGEWATER MACOMB MI 48044		\$ <u>850.00</u>	\$ <u>2850.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRIAN</u> Employer <u>SELF EMPLOYED</u> Business Address <u>46891 EDGEWATER MACOMB MI 48044</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$2,850.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$2,850.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137402
2. Committee Name Committee To Elect Henry Chiodini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Inkstop Address 20761 Hall Road Macomb MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: Printer Ink <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/09 Date	\$ 50.45
Expenditure #2 Name Mass Mailings Address 35468 Mound Road Sterling Heights MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/09 Date	\$ 236.93
Expenditure #3 Name Mt. Clemens Post Office Address 155 S. Main Street Mt. Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/09 Date	\$ 74.41
Expenditure #4 Name Office Max Address 45320 Utica Park Blvd Utica MI 48315 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Ticket Stubs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/09 Date	\$ 110.51
Expenditure #5 Name Mt. Clemens Post Office Address 155 S. Main Street Mt. Clemens , MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/06/09 Date	\$ 312.00

Subtotal this page	\$784.30
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,579.53

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137402
2. Committee Name Committee To Elect Henry Chiodini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Clark Graphics Address 21914 Schmeman Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 411.24</u>
Expenditure #2 Name Mass Mailings Address 35468 Mound Road Sterling Heights MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/09</u> Date	<u>\$ 251.84</u>
Expenditure #3 Name Mt. Clemens Post Office Address 155 S. Main Street Mt. Clemens MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 27.00</u>
Expenditure #4 Name Sawicki & Sons Address 1521 W. Lafayette Detroit MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/09</u> Date	<u>\$ 405.45</u>
Expenditure #5 Name Clark Graphics Address 21914 Schmeman Warren MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/09</u> Date	<u>\$ 699.70</u>

Subtotal this page **\$1,795.23**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,579.53**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137402
2. Committee Name Committee To Elect Henry Chiodini

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Henry Chiodini 46891 Edgewater Macomb MI 48044	4. Type: <u>Cash</u> 5. <u>Date Debt Was Incurred:</u> <u>04/01/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>2000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Henry Chiodini 46891 Edgewater Macomb MI 48044	4. Type: <u>Cash</u> 5. <u>Date Debt Was Incurred:</u> <u>04/14/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>850.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>850.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$2,850.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

Grand Total of all Schedules 1E

\$2,850.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.